

F45863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

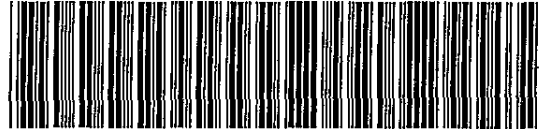
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 MAR 28 PM 3:16  
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TELETYPE UNIT

cc:CLS

VADIS  
PRG  
4-7  
(5)

**American Medical Management Inc.**

2106 Drew Street, Suite 103  
Clearwater, FL 33765

March 26, 2003

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Articles of Dissolution  
Document # F45863  
FEIN: 59-2149674

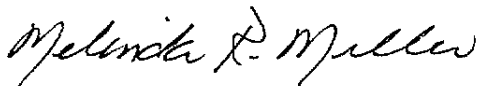
Dear Sir or Madam:

Please find the attached Articles of Dissolution for National Women's Health Services, Inc., a wholly owned subsidiary of American Medical Management Inc. This corporation was formally dissolved September 25, 2000.

Also enclosed is a check totaling \$52.50 for the \$35.00 filing fee and \$8.75 each for a certified copy of the dissolution and a certificate of status.

I can be reached at the above address and by phone at 727/442-0445 ext.25 should you require additional information.

Yours truly,



Melinda R. Miller  
V.P./Treasurer

Enclosures

## ARTICLES OF DISSOLUTION

FILED  
03 MAR 28 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: National Womens Health Services, Inc.

SECOND: The date dissolution was authorized: September 25, 2000

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 26 day of March, 2003.

Signature

Robin Rygiel

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Robin Rygiel

(Typed or printed name)

President/ Secretary

(Title)

SHAREHOLDERS' RESOLUTION FOR APPROVAL OF DISSOLUTION

NATIONAL WOMEN'S HEALTH SERVICES, INC.

Upon a duly made and seconded motion, the following resolution was adopted by the affirmative vote of all of the shareholders of : NATIONAL WOMEN'S HEALTH SERVICES, INC.

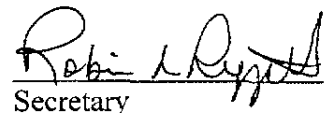
RESOLVED, that this corporation shall dissolve forthwith, and it is

FURTHER RESOLVED, that the President and Secretary, of this Corporation are hereby authorized and directed to file the necessary Certificate of Dissolution of this Corporation in accordance with the laws of the State of Florida.

The undersigned, ROBIN RYGIEL, certifies that I am the duly appointed Secretary of NATIONAL WOMEN'S HEALTH SERVICES, INC. and that the above is a true and correct copy of a resolution duly adopted at a meeting of the shareholders thereof, convened and held in accordance with law and the Bylaws of said Corporation on September 25, 2000, and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my name as Secretary of NATIONAL WOMEN'S HEALTH SERVICES, INC. and have attached the seal of NATIONAL WOMEN'S HEALTH SERVICES, INC. to this resolution.

Dated: September 25, 2000.

  
Secretary

(SEAL)

BOARD OF DIRECTORS' RESOLUTION  
ADVISING DISSOLUTION AND CALLING SHAREHOLDERS' MEETING

NATIONAL WOMEN'S HEALTH SERVICES, INC.

Upon a duly made, seconded motion, the following resolution was adopted by the affirmative and unanimous vote of the Board of Directors of NATIONAL WOMEN'S HEALTH SERVICES, INC.

RESOLVED, that this Corporation should be dissolved as of September 30, 2000; and it is

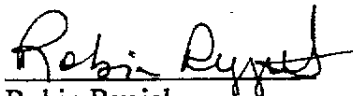
FURTHER RESOLVED, that in a manner prescribed by law and by the bylaws of this Corporation, a special meeting of all shareholders of this Corporation be called to take action upon this resolution is hereby called, and that such meeting is to be held at the following time, date and place:

Time: 10:00  
Date: September 25, 2000  
Place: 2106 Drew Street, Suite 103  
Clearwater, FL 33765

The undersigned, ROBIN RYGIEL, certifies that I am the duly appointed President of NATIONAL WOMEN'S HEALTH SERVICES, INC.. a Florida corporation and that the above is a true and correct copy of a resolution duly adopted at a meeting of the Directors thereof, convened and held in accordance with law and the Bylaws of said Corporation on September 25, 2000, and that such resolution is now in full force and effect.

IN WITNESS THEREOF, I have affixed my name as President of NATIONAL WOMEN'S HEALTH SERVICES, INC. a Florida Corporation and have attached the seal of NATIONAL WOMEN'S HEALTH SERVICES, INC. a Florida Corporation to this resolution.

Dated: September 25, 2000

  
Robin Rygiel,  
President / Secretary

(SEAL)

Department of the Treasury  
Internal Revenue Service

**Corporate Dissolution or Liquidation**  
(Required under Section 6043 (a) of the Internal Revenue Code)

OMB No. 1545-0041

PLEASE PRINT	Name of corporation <b>NATIONAL WOMEN'S HEALTH SERVICES INC</b>		Employer identification number <b>59-2149674</b>				
	Number, street, and room or suite no. (If a P.O. box number, see instructions below.) <b>2106 DREW STREET, SUITE 101</b>		Check type of return <input checked="" type="checkbox"/> 1120 <input type="checkbox"/> 1120-L <input type="checkbox"/> 1120-IC-DISC <input type="checkbox"/> 1120S <input type="checkbox"/> Other ▶				
	City or town, state, and ZIP code <b>CLEARWATER, FL 33765</b>						
1 Date incorporated <b>9/23/1981</b>		2 Place incorporated <b>FL</b>		3 Type of liquidation <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial		4 Date resolution or plan of complete or partial liquidation was adopted <b>9/30/00</b>	
5 Service Center where corporation filed its immediately preceding tax return <b>Atlanta, GA</b>		6 Last month, day, and year of immediately preceding tax year <b>9/30/99</b>		7a Last month, day, and year of final tax year <b>9/30/00</b>		7b Was corporation's final tax return filed as part of a consolidated income tax return? If "Yes," complete 7c, 7d, and 7e. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7c Name of common parent <b>AMERICAN MEDICAL MANAGEMENT INC</b>				7d Employer identification number of common parent <b>59-2024406</b>		7e Service Center where consolidated return was filed <b>Atlanta, GA</b>	
						Common <b>35,000</b>	
8 Total number of shares outstanding at time of adoption of plan of liquidation						Preferred	
9 Date(s) of any amendments to plan of dissolution							
10 Section of the Code under which the corporation is to be dissolved or liquidated						<b>SEC. 332 (A)</b>	
11 If this return concerns an amendment or supplement to a resolution or plan, enter the date the previous Form 966 was filed							

Attach a certified copy of the resolution or plan and all amendments or supplements not previously filed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of officer <i>Melinda L. Miller</i>	Title <b>Treasurer</b>	Date <b>6/14/01</b>
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